Creating Resilient Mindsets in Children and Adolescents: A Strength-Based Approach for Clinical and Nonclinical Populations

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During the past 25 years there has been a burgeoning interest in the study of resilience in children and adolescents (Beardslee & Podorefsky, 1988; Brooks, 2011; Brooks & Goldstein, 2001, 2007, 2011; Crenshaw, 2010; Goldstein & Brooks, 2012; Goldstein, Brooks, & DeVries, 2013; Prince-Embury & Saklofske, 2012; Werner & Smith, 2001). As described by Masten (Masten, 2001; Wright, Masten, & Narayan, 2013), there have been four different phases or "waves" in examining resilience.

Initially, the focus was on understanding those factors within individuals who had encountered and coped successfully with significant adversity in their lives. A second wave examined developmental processes that contributed to resilience and paralleled the emergence of the field of *developmental psychopathology.* This phase is represented by a greater focus on contextual and developmental variables and not simply on factors residing within the individual.

Masten termed the third wave "intervening to foster resilience," which encompassed both intervention and prevention approaches. Wright, Masten, and Narayan (2012) noted, "Using lessons from the first two waves, investigators of the third wave began to translate the basic science of resilience that was emerging into actions intended to promote resilience" (p. 27). The current fourth wave is focused on "multilevel dynamics and the many processes linking genes, neurobiological adaptation, brain development, behavior, and context at multiple levels" (p. 30). It involves the study of resilience from many vantage points, including genes, gene-environment interaction, and social interaction.

This chapter will include content that is most identifiable with the third wave with an emphasis on both intervention and prevention, but we recognize that the fourth wave embraces an exciting multidisciplinary, multilevel approach that will provide increased information about the forces that contribute to resilience in children and adolescents. Our goal is to outline a framework with specific strategies that can be applied not only to intervene when youth are already experiencing adversity, but also in a preventative way so as to equip all youth with skills necessary to manage future problems they may encounter. We will examine the importance of a strength-based approach with both

clinical and non-clinical populations. In setting the stage for this discussion, we will review the key concepts that serve as a foundation for our viewpoint.

Invulnerable Children?

Some of the earliest writings about resilience focused on studying those children who had experienced significant adversity in their childhood (e.g., physical or sexual abuse; being parented by an adult with an emotional disorder) but as adults were faring well in both their personal and work lives. These youngsters were frequently given the label "invulnerable" (Anthony & Cohler, 1987), which could be interpreted to imply that they were "superboys" or "supergirls" who possessed unusual inborn powers that allowed them to overcome the hardships they encountered. Conversely, to apply this label to a small, selected group of children could lead to the incorrect conclusion that the vast majority of children who were not born with these super-like powers would be incapable of overcoming childhood hardship and trauma.

Masten (2001), in an often-quoted article, eloquently challenged the notion of extraordinary powers involved in resilience. She stated:

> Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families, and in their communities. . . . The conclusion that resilience emerges from ordinary processes offers a far more optimistic outlook for action than the idea that rare and extraordinary processes are involved. The task before us now is to delineate how adaptive systems develop, how they operate under diverse conditions, how they work for or against success for a given child in his or her environmental and developmental context, and how they can be protected, restored, facilitated, and nurtured in the lives of children. (p. 235)

Masten's view, to which we enthusiastically subscribe, offers a more hopeful perspective that questions the assumption that only a small number of children possess certain extraordinary attributes necessary to master adversity.

Bonanno (2004) has arrived at a similar conclusion as Masten, primarily from his study of adults who have experienced trauma and loss. He observed:

> A review of the available literature on loss and violent or life-threatening events clearly indicates that the vast majority of individuals exposed to such events do not exhibit chronic symptom profiles and that many and, in some cases, the majority show the type of healthy functioning suggestive of the resilience trajectory. (p. 22)

In his thought-provoking book *The Other Side of Sadness* (2009), Bonanno offered this opinion:

> What is perhaps most intriguing about resilience is not how prevalent it is; rather it is that we are consistently surprised by it. I have to admit that sometimes even I am amazed by how resilient humans are, and I have been working with loss and trauma survivors for years. (p. 47)

Masten and Bonanno's conclusions are not meant to suggest that differences do not exist in the ways in which children or adults cope with adversity. Rather, their view supports the belief that all individuals and not just a small few possess the capacity to become increasingly resilient. Such a belief offers as Masten noted, an "optimistic outlook." It also serves as a challenge to identify those actions that adults must initiate to bring this ordinary magic to fruition in all youngsters.

Resilience Applied to All Individuals: A Belief in Intervention and Prevention

A number of years ago, the first author was invited by a group of parents to give an evening talk about "Raising Resilient Children and Adolescents." A few days prior to Bob's presentation, a woman contacted him and questioned whether his talk would be relevant for her.

She said, "I have three children, ages 8, 11, and 13. They are doing very well in all areas of their lives. Fortunately, they have not faced really difficult situations like some kids do. They do well in school, enjoy sports, and have a number of friends. My husband and I have provided a very loving home. Thus, I'm not certain if a discussion about resilience or what I guess is bouncing back from hardship would pertain to my kids or our family situation."

This mother's question reflected a common and often accepted view of resilience, namely, that the term should be applied only to those individuals who have overcome hardship to lead more satisfying lives—lives that have not been noticeably derailed by major risk factors in their childhood histories. Certainly this view is valid and has prompted much of the research found in the resilience literature. However, as we will detail below, we believe the concept of resilience deserves to be broadened.

Bob's response to this mother captured a shift that had occurred in his thinking that was to become the basis for the ideas he and his colleague Sam Goldstein have advanced in their work and writings about resilience (Brooks & Goldstein, 2001, 2004, 2007). Bob told her that while it is true that research about resilience was rooted in the study of children who had effectively dealt with significant challenges, the way in which he visualized the concept of resilience was that it should be expanded to apply to every child and adolescent and not restricted to those who have experienced hardship. He noted that all youngsters are likely to face stresses at different points in their lives and even those who at one point would not be classified as "at-risk" might suddenly find themselves in that category.

This woman and her husband attended Bob's talk and afterwards informed him that the points he offered were indeed relevant for the ways in which they parented their three children.

The wealth of information collected from examining the lives of youngsters who have successfully managed hardships should certainly be applied by parents, teachers, mental health, and other childcare professionals to design and implement interventions for fostering hope and resilience in children with problematic histories. However, Brooks

and Goldstein (2001, 2007) proposed that this same information was equally relevant in directing our interactions with all children. The adoption of a more inclusive definition of resilience encourages the emergence of a proactive, preventative approach.

Other mental health specialists have also expanded the definition or scope of resilience to go beyond bouncing back from adversity. Reivich and Shatte (2002) contend that "everyone needs resilience," by which they explained:

> . . .resilience is the capacity to respond in healthy and productive ways when faced with adversity and trauma; it is essential for managing the daily stress of life. But we have come to realize that the same skills of resilience are important to broadening and enriching one's life as they are to recovering from setbacks. (p. 20)

In defining the characteristics of resilience, Brooks and Goldstein (2001) included: the capacity to deal effectively with stress and pressure, to cope with everyday challenges, to rebound from disappointments, mistakes, trauma, and adversity, to develop clear and realistic goals, to solve problems, to interact comfortably with others, and to treat oneself and others with respect and dignity. A guiding principal in each interaction that adults have with children, whether in homes or schools or the office of a therapist, should be to strengthen these attributes, which we subsume under the concept of *resilient mindsets*. We now turn to the topic of *mindsets.*

The Power of Mindsets

The concept of mindsets has become an increasingly prominent area of study, especially with the emergence of the field of "positive psychology." As examples, Dweck authored a book titled *Mindset* (2006) in which she distinguished between a "fixed" and "growth" outlook; the research of Seligman and his colleagues about "learned helplessness" and "learned optimism" as well as resilience (Reivich & Shatte, 2002; Seligman, 1990, 1995) have underpinnings in attribution theory, which is basically about mindsets, examining how we understand the reasons for our successes and mistakes (Weiner, 1974).

Brooks and Goldstein (2001) noted that resilient children possess certain qualities and/or ways of viewing themselves and the world that are not apparent in youngsters who have not been successful in meeting challenges. The assumptions that children have about themselves and others influence the behaviors and skills they develop. In turn, these behaviors and skills influence the set of assumptions so that a dynamic process is constantly operating. This set of assumptions may be classified as a *mindset*.

Identifying the components of a resilient mindset, which are described in greater detail below, provides invaluable guideposts for parents as they interact with their children. Knowledge and application of these components are essential for teachers and therapists as well. Adults who adhere to these guideposts have a compass by which to reinforce resilience in children. While the outcome of a specific situation may be important, even more vital are the lessons learned from the process of dealing with each

issue or problem. The knowledge gained in the process provides the nutrients from which the seeds of resiliency will flourish (Goldstein, Brooks, & DeVries, 2013).

In discussing the concept of mindsets it is important to keep in mind that not only do we possess assumptions about ourselves, but whether we realize it or not, we are constantly making assumptions about the behavior of others. These assumptions, even if unstated, have a significant impact in determining effective parenting, teaching, and therapeutic practices, the quality of relationships with children, and the positive or negative climate that is created in home, school, and other environments.

"Punishing a Suffering Child"

As one example of the impact of mindsets, Janet Norton, a single parent of five-year-old Amanda, contacted Bob and said during this initial phone call, "I'm desperate." She described how prior to becoming a parent she told herself that she would never resort to spanking. Yet, she was currently spanking Amanda several times a day, asserting, "It's the only way she'll listen to me and even that doesn't last too long."

In her first appointment Janet described Amanda as a very challenging child to satisfy even from birth, one who often had tantrums, especially when she did not get what she wanted. "Everything is a struggle with Amanda. Nothing pleases her. Things would be so much easier if only she would cooperate more with what I ask her to do. I don't think I'm asking too much of her."

In listening to Janet's description of Amanda and guided by an appreciation of the influence that mindsets have on our reactions to different people and situations, Bob asked, "How do you understand Amanda's behavior or why she acts the way she does?"

Janet hesitated and then replied, "I would tell you, but I think you would think I was crazy."

"Crazy for telling me how you understand Amanda's behavior?"

"Yes."

Again, directed by the ways in which mindsets influence our behaviors, Bob inquired, "Do you know why I asked about how you understood Amanda's behavior?" (We will often pose this kind of question with patients, both as a way of beginning a discussion about mindsets as well as developing a collaborative relationship in which ideas and comments are shared and understood.)

Janet thought for a moment and answered, "I'm not certain."

Bob responded, "In my experience how we understand or interpret someone else's behavior, what I often refer to as our mindset, will determine how we respond to that person."

"That certainly makes sense, but what I'm going to say may still seem crazy. Sometimes I feel that Amanda has a *personal vendetta* against me, that it's like she's always thinking of ways to upset me."

Bob's initial response was to tell Janet that he knew it took a great deal of courage for her to share this view with him—the moment he used the word *courage* Janet seemed

to become more relaxed—and while a *personal vendetta* might be one explanation, there might be other explanations as well. (Aware of Janet's anxiety that Bob would indeed experience her *personal vendetta* interpretation as a sign of her being crazy, he was careful not to judge this explanation but rather to offer another possibility.)

Janet was eager to hear Bob's alternative explanation, which involved a discussion of the different temperaments with which children are born. He cited the seminal work of Chess and Thomas (1996). He said that while some children are born with what researchers have labeled *easy* temperaments, others possess temperaments that are seen as *difficult.* Bob told Janet that from her description, Amanda met many of the criteria for this latter label.

As the discussion continued, Janet wondered that if a child like Amanda is born with a difficult temperament, would she always be difficult even into her teen and adult years. Bob offered realistic reassurance by noting that once adults are aware that a child has certain challenging temperamental qualities, there are techniques they can use to lessen these negative qualities.

Janet then plaintively said, "So I guess that many of the things I've spanked her about were really things she did not have control over."

"Yes, but that doesn't mean we can't help her to gain more control and be more cooperative now without having to spank her."

Janet teared up and offered a very poignant comment, "As I think of all we've talked about, all I can think about is that I've been *punishing a suffering child*."

Bob empathized with Janet and added, "But that's before you really knew about temperament or different strategies to deal with children who are more difficult to parent. We can begin to consider other strategies for interacting with Amanda that do not involve spanking."

Janet was very motivated to learn these other strategies. As she did, her confidence as a parent increased and her relationship with Amanda improved noticeably. She no longer spanked her daughter, observing, "Why would anyone want to spank a suffering child?"

The shift in mindset from a *personal vendetta* to a *suffering child* prompted an entirely different parental approach, which would not have been possible without this change in perspective. In turn, the shift in mindset was reinforced with the positive changes that occurred in Amanda's behavior. Janet developed a more easy-going, satisfying relationship with her daughter and Amanda responded in kind.

"It Seems Like He Wants to Disrupt the Class"

Both authors have collaborated closely with educators. Suzanne meets regularly with teachers in her position as a school psychologist in a district outside Boston as well as in her private practice. Not surprisingly, educators bring assumptions about student behavior into all of their interactions with those in their classrooms and schools. Similar to parents and other caregivers, the more aware they are of these assumptions, the more

they can modify those beliefs that may work against the creation of a positive classroom environment (Brooks, Brooks, & Goldstein, 2012).

Even those assumptions about which we may not be cognizant have a way of being expressed and understood by students. Suzanne consulted with a teacher about Jonathan, an 8-year-old private patient who had learning and attention problems. The child constantly asked questions in class, which triggered the teacher's annoyance and frustration. In discussing Jonathan with Suzanne, the teacher became aware that her annoyance was rooted, in part, in her assumption that his constant asking of questions was an intentional ploy to distract her and the class.

In her consultation, Suzanne reframed the purpose of Jonathan's questions, using information from the evaluation she had conducted, including test data as well as parent and teacher observations. She highlighted both his anxiety as he attempted to understand the material as well as his impulsivity, which contributed to his constant questions.

The teacher displayed refreshing openness in changing her assumptions about Jonathan's behavior, which paved the way for a shift in her approach. Knowing that the presentation of new material was especially problematic and anxiety-provoking for Jonathan, she asked her student teacher to prepare him in advance for this material. She also established a "question time" in which she or the student teacher would put aside a few minutes each hour to listen to and answer Jonathan's questions, a practice that actually decreased the amount of time she had to spend with him. Jonathan felt less anxious knowing that he had this "question time" available, which allowed him to hold off from asking constant questions in class. Another strategy was having Jonathan write down pressing questions to be reviewed at "question time," a technique that addressed his impulsivity.

Most telling was when Jonathan informed his parents that he thought his teacher really liked him. In fact, his assessment was accurate given her change in mindset and the accompanying implementation of effective strategies.

The Characteristics of a *Resilient Mindset*

Given the power of mindsets in determining our behavior, we propose that a major goal for psychotherapists is to reinforce a mindset in patients that is associated with hope and resilience. This goal will be facilitated if therapists are able to identify the attributes of what Brooks and Goldstein (2001) have labeled a *resilient mindset* and nurture these attributes both in the therapy session and in consultation with significant adults in the youth's life. As we emphasized earlier, the same strategies to help at-risk youngsters to become increasingly resilient can be used with children who do not display developmental issues. They are applicable to both clinical and non-clinical populations.

A mother at a presentation that Bob gave for parents of children with special needs summed up this point very succinctly with the following comment:

"As you were talking I realized that all of the resilience strategies you described that would be helpful for my child with special needs are just as applicable for my two

children who do not have special needs. Parents would want all of their children to have a resilient mindset."

Bob wholeheartedly agreed with this mother's observation.

It is our position that understanding the features of a resilient mindset provides parents, therapists, educators, and other professionals specific guideposts to help children manage challenges effectively and to develop those characteristics associated with this mindset.

The mindset of resilient children is comprised of a number of noteworthy feelings and beliefs that are associated with specific skills. Resilient children:

--Feel loved and accepted

--Have learned to set realistic goals and expectations and goals for themselves

--Are able to define the aspects of their lives over which they have control and to focus their energy and attention on those, rather than on factors over which they have little, if any, influence

--Believe that they have the ability to solve problems and make good decisions

--Take realistic credit for their successes and achievements but acknowledge the input and support of adults for these successes

--View mistakes, setbacks, and obstacles as challenges to confront and master rather than stressors to avoid

--Recognize and accept their vulnerabilities and weaknesses, seeing these as areas for improvement, rather than unchangeable flaws

--Recognize, enjoy, and use their strengths or what we call their "islands of competence"

--Feel comfortable with and relate well to both peers and adults

--Believe that they make a positive difference in the lives of others.

To Serve as a "Charismatic Adult"

The key to being an effective therapist or parent or teacher is to view each interaction with a child as an opportunity to reinforce one or more of these characteristics. As noted above, these characteristics serve as guideposts in our day-to-day relationship with children. If we are to use these guideposts consistently and successfully, if we are to lessen our own disappointment, frustration, and possible burnout in our professional or parenting roles, we must keep in mind a basic finding in resilience research, namely, that resilience is rooted in great part in the relationship that children experience with caring adults (Brooks & Goldstein 2001, 2004). The late psychologist Julius Segal, whose work focused on factors that assisted children to master challenges, eloquently noted (1988):

> From studies conducted around the world, researchers have distilled a number of factors that enable such children of misfortune to beat the heavy odds against them. One factor turns out to be the presence in their lives of a *charismatic adult*—a person with whom they can identify and from whom they gather strength. (p. 3)

Bob found Segal's notion of a *charismatic adult* thought-provoking. It immediately prompted him to ask the following questions in therapy sessions with parents or in consultations with teachers:

"When I put my children to bed at night, do I consider this question, 'Is my son or daughter a stronger person because of things I've said or done today or are they less strong? Have they gathered strength from me?'"

"At the end of the school day, do I as a teacher ask this question, 'Are all of the students in my classroom stronger because of things I've said or done today or are they less strong? Have they gathered strength from me?'"

Bob also asked himself as well as therapists he supervised questions similar to those for parents and educators, namely:

"At the end of each therapy session, is my patient stronger because of things I've said or done or is my patient less strong and hopeful? Has my patient gathered strength from me?'"

These are not easy questions to answer, especially since the concept and measurement of strength are far from precise. However, when Bob has informed parents, educators, and therapists about the notion of a *charismatic adult,* and posed the questions listed above, the response has been noteworthy. It is not unusual for Bob to hear parents, teachers, or therapists report that they want to be that kind of figure in the lives of their children or students or patients. It is not unusual for him to hear, "I want to be a charismatic adult. What do I say and do?"

The answer is found in identifying and applying those strategies that reinforce the attributes of a resilient mindset.

Strategies for Nurturing a Resilient Mindset

We have chosen several of the main attributes of a resilient mindset to highlight in the remainder of this chapter. We will describe how they can be nurtured by therapists, educators, and/or parents. This task will be facilitated if all of these adults work in concert with each other.

To believe that adults can be supportive and helpful. The relationship we develop with children is of paramount importance in helping them feel safe, secure, accepted, and loved so that they may become resilient. This statement may appear so obvious that some may question its inclusion. However, our purpose in listing this point is so we might consider different ways in which to help children feel safe and accepted whether at home, or school, or in a therapist's office.

A major skill in fostering these positive feelings in children is for the adults in their lives to truly practice being *empathic*, always attempting to see the world through the child's eyes. In our work with parents and educators we pose certain questions that bring focus to the question of empathy. We have received feedback that these questions elicited much self-reflection, especially in terms of one's interactions with children. The questions include:

"How would I feel if someone said or did to me what I just said or did to my child (student, patient)?

"When I say or do things with my children (students, patients), am I doing so in a way that will help them realize I love and care about them so that they will be most responsive to listening to me?"

"How would I hope my children (students, patients) described me?"

"What have I done on a regular basis so that my children are likely to describe me in the ways I hope they would?" (This particular question encourages adults to consider a specific plan of action that they can take to enrich their relationship with children they are raising or with whom they are working.)

"How would my child (student, patient) actually describe me and how close is that to how I hope they would describe me?"

"If there is a discrepancy between the hoped for and actual descriptions, what steps must I take to lessen that discrepancy?" (Another question to prompt a plan of action.)

An example of the use of these questions to help parents become more empathic and charismatic adults in the life of their child took place with Sally, a shy, 8-year-old who was frequently reminded by her parents Sue and Alan Carter, to say hello to people. The first question that greeted Sally after school was, "Did you speak with anyone in school today? If you don't make the effort, you're not going to have any friends." These kinds of comments backfired, prompting Sally to become increasingly anxious.

The Carters, worried about Sally and desiring her to be more outgoing, failed to appreciate that Sally's cautious demeanor was an inborn temperamental trait that could not be overcome by exhorting her to say hello to others or make friends. Each reminder on their part intensified Sally's discomfort and compromised the development of a warm, supportive relationship with her.

Parent counseling focused on changing their mindset about Sally so that she would experience her parents as supportive rather than critical. They were asked to consider how their current actions and words impacted on their daughter. If they were shy, how would they feel if someone said to them, "You have to make an effort to speak with other kids or you won't have friends"? These questions helped Sue and Alan develop a more empathic stance towards Sally.

They asked how they might approach Sally and if they should avoid saying anything at all about her shy behavior. They were encouraged not to avoid the subject, but rather to help Sally by expressing empathy and by having her feel they were on her side and not judging her. In parent counseling they learned to say to Sally that they knew it was not easy for her to say hello to people she didn't know, adding it was not easy for other children as well. Such a statement, expressed in a genuine fashion, conveyed empathy and also, helped to normalize the problem she faced. Normalizing a problem

permits children as well as adults to feel that they are not alone—a very reassuring feeling.

Sue and Alan then created a problem-solving atmosphere, which as we will highlight below is a major component of resilience. They suggested to Sally that perhaps the three of them working together could figure out small steps that she could begin to take to make it less difficult for her to greet others. They also offered realistic hope by asserting, "Many kids who have trouble saying hello when they're young, find it easier as they get older."

These changes contributed to a more positive relation between Sally and her parents and served as a catalyst for Sally to take the "small steps" Sue and Alan had suggested. Sally's belief that her parents were supporting rather than judging her was a significant change in her mindset that allowed her to venture forth more confidently in her daily interactions with others.

In therapy, there are comments that clinicians can offer that highlight their wish to be empathic and to understand the perspective of their patients. These comments, timed for the appropriate moments, frequently serve to lessen defensiveness and enrich the alliance between the therapist and the patient. They include:

"If you ever feel I'm not understanding something you're trying to tell me, please let me know."

"If you ever feel I'm being critical of you or judging you, please let me know since that would never be my intention." (We have found this comment to be very powerful with children as well as their parents who are quick to feel that they are being judged.)

"If I ever ask you a question and you're not certain why, don't hesitate to ask me why I'm asking the question." (Bob used a similar statement with Janet Norton as he inquired about what her understanding was of her daughter's behavior.)

These and similar statements should not be seen as rigid scripts to be applied indiscriminately but rather as a genuine reflection of the therapist's wish to develop a warm, caring, and empathic relationship with children and their families.

In the home environment there are numerous ways of helping our children to feel secure, loved, and accepted whether they display developmental, behavioral, or emotional problems or not. As we have seen with Janet Norton or Sue and Alan Carter, being an empathic, nonjudgmental parent is a critical attribute for developing a positive relationship with one's children.

In addition, in our parenting workshops we extol the importance of setting aside regular "special times" with our children that often involve a time alone with each child. Parents with young children have been advised to say to them, "When I read (or whatever activity is involved) to you, even if the phone rings, I'm not going to get it since this is our special time together."

A six-year-old boy said with excitement and joy, "I know my parents love me." When asked how he knew this, he responded, "When they read to me and the phone rings, they let the answering machine answer it." Parents should think about this boy's comments when involved with their children and put aside cell phones or any similar devices that distract our full attention from our children.

To appreciate that we have more control over our reactions to events than we may realize. Developing a sense of "personal control" in children is an essential feature of resilience. In identifying *personal control* as a key ingredient of a resilient mindset, Brooks and Goldstein (2004) offered the following description of this concept:

> Taking ownership of our behavior and becoming more resilient requires us to recognize that we are the authors of our lives. We must not seek our happiness by asking someone else to change, but instead always ask, *What is it that I can do differently to change the situation?* Assuming personal control and responsibility is a fundamental underpinning of a resilient mindset, one that affects all other features of this mindset. (p. 7)

While this statement focused primarily on resilience in adults, it is equally relevant for our interventions with children. As therapists, we should be sensitive to understanding whether children and/or their families are burdened by a victim's mentality. Such a mentality is dominated by thoughts and feelings associated with a sense of helplessness and hopelessness. Or, do they entertain the notion that while negative events have transpired in their lives over which they have little, if any, control, what they do have control over is their attitude towards and reaction to the events.

Seth, a nine-year-old boy with a diagnosis of ADHD, was not only struggling in school but with the recent divorce of his parents. In one session, frustrated and angry, he asked, "Why did God choose me to be the one with ADHD?"

It is not unusual for children or adults faced with adversity to ask, "Why me?" or "Why my child?" The problem occurs when the "Why?" question continues to dominate one's thinking year after year. Eventually, feelings of helplessness and a victim's mentality may become the prominent features of a person's mindset. Gerber, Ginsberg, and Reiff (1992) in studying adults with learning disabilities found that those who were more successful in different arenas of their lives had adopted the outlook, "I had no control over being born with learning problems, but I do have control in terms of how effectively I cope with those problems." The less successful adults kept asking, "Why did I have to be born with learning disabilities?"

So how might a therapist respond to Sean's question, "Why did God choose me to be the one with ADHD?" When asked what he thought, Sean could offer no explanation. Gerber, Ginsberg, and Reiff's (1992) findings offer direction. A resilience-based response might include the following: "We're not sure why some kids have ADHD and some don't, but the good news is that now that we know you have ADHD, there are

things that can be done to help kids like yourself and others with ADHD to have more success."

It is important for the therapist to understand both a child as well as a parent's notion of personal control. This understanding may be facilitated using a mindset model that was mentioned earlier in this chapter, namely, attribution theory (Weiner, 1974). Children who struggle with self-esteem and are not very hopeful or resilient believe that any success that comes their way is based on luck or chance or fate. They attribute success to factors that are outside their control, which lessens the probability of future accomplishment. In contrast, youngsters with a more positive outlook will give the adults in their lives credit for their assistance, but they basically believe—and not in an narcissistic way—that their success is predicated in great part on their own effort and resources.

An understanding of a child's beliefs about personal control can begin during the assessment phase. Samantha, a 12-year-old girl was referred to Bob given her feelings of sadness and loneliness coupled with low self-esteem and learning problems in school. During the first interview she immediately described her distress and obvious sense of hopelessness and helplessness. "I'm not very popular, I have trouble in school, and I'm terrible at sports. That's why I stay in my room a lot."

In response to Bob's questions, Samantha acknowledged that she wished things were different. Bob inquired what would she like to change.

Samantha readily responded, "I wish I was as pretty as the other girls and that I was popular and could play sports and get good grades in school."

As the discussion continued, Bob wondered if there was ever a time that Samantha felt more successful. Her reply could have been taken directly from a book illustrating the tenets of attribution theory. Samantha talked about a time another girl complimented her, but she dismissed this gesture by contending, "She felt sorry for me." She also minimized a good grade she received on an English paper with the comment, "I think the teacher was just trying to be nice."

Therapy with Samantha focused on changing these self-defeating attributions or assumptions. Bob, as he frequently does with children and adolescents, explained in language that Samantha could understand, the concept of mindsets and their impact on her behavior. A therapeutic goal was to modify Samantha's mindset by incorporating a more hopeful outlook. As this goal was being realized, Samantha attempted new scripts (Brooks & Goldstein, 2001, 2004) that led to positive outcomes. She "rehearsed" in therapy different ways of approaching a couple of girls with interests similar to her own. She also received assistance from a tutor, especially about preparing for tests, which led to improved grades. In place of sports, she cultivated an interest in painting and enrolled in an art class in a museum.

With each positive result, Bob was very active in asking, "Why do you think that what you did was successful?" Samantha understood why Bob was asking and soon in a playful manner would say, "I know what you're going to ask."

"You do?"

"You were going to ask why I thought I was successful?"

With humor Bob replied, "Wow! I must be really predictable. But let me ask, 'Why do you think you were successful?'"

While the use of humor was involved in this dialogue, an important shift in her outlook occurred when Samantha could acknowledge that her success was based not only on the help of others but, as importantly, on her own effort.

This shift in mindset towards a sense of "personal control," is one that all therapists should assist their patients to adopt. Suzanne regularly reinforces a feeling of personal control in her therapy sessions with children who are experiencing difficulties in school. Anna, an 8-year-old, was beset with social anxiety. Although she was willing to talk with Suzanne about her interests, she became paralyzed when the discussion turned to peer relationships and school. Her teacher reported that Anna hesitated to join groups of two or more children, particularly on the school playground. As long as Anna continued to feel paralyzed in confronting her problems, it would be almost impossible for her to develop a sense of personal control and become resilient.

In this situation, Suzanne utilized an effective technique well-known to therapists, especially those who work with children. She relied on "displacement" so that Anna would not immediately feel threatened. Suzanne informed Anna that she knew a little boy who was having a problem talking with friends and was not certain the best way to help him. Anna, similar to many other children moved into this displacement with ease, asking, "Does he have a hard time on the playground?" Suzanne replied, "Yes, the playground is where he has most trouble."

Even if Anna had not directly referred to the playground, Suzanne could have introduced that specific area within the displacement. It was obvious that Anna was ready to discuss her problems as long as the right venue was found. She asked, "Is he scared to talk with other children?" Eventually, Anna observed, "I think he might be worried they will make fun of him."

Once this worry was verbalized, Suzanne engaged Anna in considering strategies for helping this boy, which, of course, were the same strategies that Anna could implement to deal with her own problems. In essence, Anna no longer felt paralyzed. Rather, in assuming a position of expertise, she felt increasingly in control. Also, Suzanne's strategy touched on two other components of a resilient mindset that we will discuss below, namely, to believe we can solve problems and to believe we make a positive difference in the lives of others.

Bob has found that children often produce images and metaphors in the initial sessions of therapy that afford the therapist an opportunity to begin to reinforce a

message of control and resilience (Brooks, 1981, 1985). This was evident with Meredith, a six-year-old girl referred to Bob because of oppositional behavior and frequent temper tantrums. During the first session she spontaneously informed Bob that she liked grasshoppers, adding, "You have to treat them nicely and not press on them too hard or they won't feel like jumping."

Similar to Suzanne introducing a form of displacement, one could interpret Meredith's "warning" in the image of a grasshopper as a way of attempting to determine how Bob would treat her and how his behavior would determine her response. Accordingly, Bob replied in the following manner (we are offering the interaction in dialogue form to describe the reasoning behind Bob's questions—questions aimed at establishing a beginning foundation for reinforcing a resilient mindset).

Dr. B: Do grasshoppers want to learn to jump? (to assess Meredith's wish to learn and grow)
M: Yes.
Dr. B: Do they need help in learning to jump? (to assess whether she feels others can be helpful)
M: Yes.
Dr. B: Who can help them?
M: The trainer (an apparent therapist figure)
Dr. B: How does the trainer do that?
M: He pushes them.
Dr. B: Does he ever push them too hard? (this was based on Meredith's initial comment)
M: Sometimes.
Dr. B: Why? (to determine whether she experienced the pushing too hard as an intentional and/or angry act)
M: I don't know.
Dr. B: Do you think the trainer wants to push down too hard on the grasshopper?
M: Some trainers might, some trainers are mean. ("mean" was a word that Meredith used to describe her teacher, a woman who Meredith did not like)
Dr. B: How come?
M: I'm not sure.
Dr. B: Gee, you really know a lot about grasshoppers so I'm wondering how would a grasshopper let her trainer know if the trainer was pushing too hard? (to introduce the idea that Meredith could assume some responsibility and ownership for offering feedback—a vital ingredient in personal control)
M: The grasshopper just wouldn't jump. (an oppositional way of coping)
Dr. B: Anything else?
M: The grasshopper could jump in the wrong direction. (another oppositional way of coping)
Dr. B: Would the trainer know why the grasshopper wasn't jumping or was jumping in

the wrong direction? (similar to a previous comment, Bob wanted to reinforce Meredith's responsibility for what transpired in therapy and to encourage Meredith to communicate her feelings)

M: No.

Dr. B: Hmm. That's a problem. If a trainer really wanted to help and was pushing too hard but didn't know it, he couldn't be helpful and the grasshopper couldn't learn. (in part, this comment was an attempt to highlight the self-defeating nature of the grasshopper's coping strategies and to communicate that the trainer could be of help if Meredith provided feedback)

M: Yeah.

Dr. B: That's a problem that needs solving. (the importance of problem-solving, which will be addressed in the next section, is an important message to communicate)

M: Yeah.

Given Meredith's interest in this dialogue, Bob introduced the idea of making up a story about a grasshopper who came to a trainer to learn to jump far and straight. This strategy was predicated on the Creative Characters technique (Brooks, 1981). In the subsequent weeks Meredith, through the grasshopper figure, learned important lessons rooted in a strength-based perspective, including ways of approaching challenging tasks, requesting help, giving feedback, and coping more effectively with frustration. Her introduction of the grasshopper metaphor served as a jumping off point, enabling Bob to understand significant details of her inner world and to communicate important therapeutic messages.

In our homes and schools, adults can reinforce personal control. They can call attention to a child's efforts in determining the outcome of an event. The following are but a few examples of such feedback:

"You really worked hard learning those spelling words and it showed on how nicely you did on this test?"

"I know it wasn't easy for you to memorize the lines for the school play, but all the hours you spent memorizing your part really paid off."

"Do you remember that the last time we went to the restaurant, it wasn't easy for you to wait for the meal and you started to yell? We spoke with you about it and this time you waited so nicely. We appreciate how you behaved."

To believe that problems are for solving rather than being overwhelming. Intimately tied to the task of reinforcing a belief in personal control but deserving special attention is the acquisition and use of problem-solving skills. If children act before they think and if they don't consider the consequences of their behavior, they will have difficulty developing effective coping strategies and a sense of personal control. Many of our patients demonstrate difficulties with problem-solving. In contrast, resilient youngsters are able to identify problems, consider different solutions, select what they

believe will be the most effective solution, and learn from the outcome (Shure, 1996; Shure & Aberson, 2013).

Shure (1996), one of the foremost experts on reinforcing problem-solving abilities in children, has found that even preschool children can be assisted in developing and applying these skills. Shure as well as other professionals believe that even well-intentioned adults often rush in to tell children what to do rather than enlisting their input when faced with challenges. When children are afforded an opportunity to initiate their own plans of action with the guidance of adults, their feelings of ownership and personal control are reinforced.

The ability to solve problems at a young age was evident with six-year-old Carl, a boy diagnosed with ADHD. In his attempt to make friends, he often invaded the space of his peers by giving them hugs, an action that not surprisingly backfired.

Bob asked Carl if he thought his behavior was a problem (this is a question that should always be posed since if children or adolescents do not perceive certain behaviors as problems, then they will not be motivated to change; if a child denies that a problem really is a problem, the therapist can engage in a discussion about why the behavior in question might be problematic). When asked this question, Carl looked sad and replied, "Big problem. I might not have any friends. But I just forget and I hug kids."

When asked if he could think of a way to begin to solve the problem, Carl did not hesitate to say, "I need reminders."

Bob inquired, "What do you mean by reminders?"

Carl said, "I think if the teacher reminded me each morning not to hug another kid, it would help me to remember."

"That's a great idea."

With the permission of Carl's parents, Bob arranged a meeting with Carl, Carl's teacher, and himself. His teacher in an empathic and supportive way began the meeting by telling Carl she was very pleased that he could tell Bob what he thought would be helpful. This comment immediately put Carl at ease.

To reinforce his problem-solving skills, she asked, "How would you like to be reminded?"

Carl said that he noticed that sometimes she would touch children on their shoulder and he thought if she did the same to him at the beginning of the day, it would be a good reminder.

She complimented him on this suggestion and then inquired, "How often would you like me to remind you?"

Carl's response was what the teacher later referred to as "precious." He was just learning to tell time and he jumped off his chair and held one hand up and said, "When the big hand is up and when it is down," which was accompanied by his moving his hand from an up to a down position.

The decision was made to start the reminders every 30 minutes the next day. At the end of the following day, Carl's mother called Bob to provide feedback. She said, "Carl came home very excited and said he thought the reminders were really going to work, but then he added that he thought he needed the reminders every 10 minutes."

Carl's teacher followed this suggestion and in a short time the reminders that were offered every 10 minutes were spaced out to every 30 minutes, and then every hour, and finally not needed at all.

It was Carl's input that led to this problem-solving strategy, a strategy that proved very successful.

Suzanne's work with Anna in which she used displacement in enlisting Anna's input of how to help a boy with anxieties is another example of engaging a child in problem-solving. In her work in schools, Suzanne has found that helping students to understand their learning strengths and weaknesses provides a platform from which they can consider different strategies for learning.

As an illustration, Suzanne asked Noah, a 15-year-old high school freshman who was described by his parents as "highly intelligent and curious but completely unmotivated in school and often distracted in class," if he had ever gone on a trip that he really enjoyed and still thinks about. She posed this question to move away from the more negatively-tinged school environment in order to assess those activities that brought him pleasure and to consider how his interests might be applied to the problems he was encountering in school.

Noah's expression, which had been rather flat and tired looking, lit up as he began to describe his trip to China with his family the past summer. With much animation he described the landscape, the culture, and the people. Suzanne used Noah's response to introduce the different ways we learn, noting that he appeared to be an "experiential learner."

Noah, with obvious excitement in his voice, replied, "That's it. Is that why I'm so bored in class all the time?"

Suzanne explained that in addition to what occurs in the classroom, she and Noah could problem solve and consider ways to supplement his learning with hands-on experiences. Noah loved this idea, which his own self-observations had helped to produce. Fortunately, his high school had a practicum option for students, which connected what they were learning in the classroom with real-life experiences. With Suzanne's assistance, Noah was able to develop a plan that accommodated to his particular learning style. By encouraging his input, she also reinforced his sense of ownership.

We are often asked, "What if a child or adolescent patient is not able to say what might be helpful or has difficulty thinking of different solutions to problems?" It is not unusual for this to occur. When it does, we suggest that a therapist respond by saying,

"Let's try to figure this out together" and by asking certain questions as Suzanne did with Noah to engage the child in a dialogue that will eventually produce solutions.

As Shure (1996) has advocated, beginning at an early age, parents can nurture their children's problem-solving abilities by first providing simple choices (e.g., "Do you want to wear the blue dress or the green dress?" "Do you want to take a bath first or memorize your spelling words first?") and then moving to more complex choices and decisions. Countless situations emerge in which the input of children can be encouraged. The same can be done in schools, such as by inviting children to attend part or all of a parent-teacher-student conference or by having them select what two of three homework questions to answer that they believe will help them to learn best.

Shure and Aberson (2013) quoted the words of a parent who discovered the benefits of applying their problem-solving program. "I learned that I as a parent can be part of the solution for my child rather than adding to the problem. Before using this approach I was trying to take power and felt powerless. Now we solve problems together" (p. 500). In this example, both parent and child had become more resilient.

To appreciate that we all have strengths even when struggling with problems. Resilient children do not minimize or deny problems that they have. Denial runs counter to mastery. However, in addition to acknowledging and confronting problems, youngsters who are resilient are able to identify and use their strengths or their *islands of competence*. This metaphor represents a symbol of hope and resilience, a reminder that all children have strengths.

We regularly ask our child and adolescent patients what they judge to be their strengths or islands of competence. If they are not certain, we reply, "That's okay, it can take time to figure out what we're good at, but it's important to figure out." We always ask the parents and teachers of our patients to identify the strengths of their children or students and discuss ways to reinforce these strengths. It is also important to ask parents what they see as their own strengths, including in the parental role. We must move from a so-called "deficit model" in which the focus is on fixing problems to paying more than lip service to the strengths that reside in all children and adults.

The focus on strengths was embedded in Suzanne's interaction with Noah and their discovery that he was an "experiential learner." This permitted Noah to recognize that he performed at a much higher level with hands on experiences, allowing him to understand that in fact he had strengths that were not readily displayed within a traditional classroom curriculum.

Bob saw 16-year-old Jamie, a high school sophomore, who given her learning problems struggled academically and socially. Her parents described Jamie's difficulty fitting in and being accepted by her peers. When Bob asked Jamie about her strengths, she quickly replied, "I really don't have friends my own age, but I love to take care of younger kids. I babysit a lot in my neighborhood."

Interestingly, when Jamie's parents were asked their view of her strengths, without knowing what she had said her father replied with obvious delight, "She's like the pied piper of the neighborhood, parents love her to babysit for their young children. She's very patient with them. Although Jamie she can be immature at times, she's very responsible as a babysitter."

At a school conference, Bob shared with Jamie's teachers both Jamie's and her parents' assessment of her strengths. The teachers brainstormed about how to use this island of competence. Fortuitously, there was a nursery school right next to the high school. The teachers, displaying an impressive capacity to think and act outside the box, developed a plan. They spoke with the nursery school director and designed a course for Jamie called "child development." During a free period four times a week Jamie went to the nursery, interacted with the children, and then wrote about her experiences.

One of the teachers was also an advisor to the high school newspaper and helped Jamie author an article about her work at the nursery school for the newspaper. When the article was published, several of Jamie's peers who typically would not have gone out of their way to speak with her, came over to compliment her. Jamie felt accepted in high school for the first time. In reading Jamie's article, other students requested to spend time in the nursery school so that the "child development class" was expanded.

In another example, Billy, a 10-year-old boy who disliked school because of his struggles with learning, often refused to comply with teacher requests; he also bullied his classmates. When asked about his islands of competence, he identified his knowledge of taking care of his pet dog. Consequently, the principal appointed Billy as the "pet monitor" of the school to insure that all of the pets in the school were well taken care of. His teacher enlisted him in writing a short book about taking care of pets that she and the principal had bound and placed in the school library. Billy also gave "lectures" in different classrooms about how best to take care of a dog. With his island of competence on display, his attitude towards school improved significantly as did his behavior and academic work.

In our workshops for parents, we suggest that they consider what islands of competence their children have and how best to honor these strengths. One father revealed that he loved sports, but his 7-year-old son did not. Instead, his son loved doing artwork. This father said, "I knew that if I was going to have a good relationship with my son I had to focus less on encouraging him to play sports and more on reinforcing his artwork." This father was not very interested in art, but with his son's enthusiastic approval, he enrolled both of them in an art class at a local museum. After just one lesson the father reported the joy he experienced in watching his son's excitement as they both attended the class.

We advocate that teachers make a list of all of their students and next to the student's name write what that student perceives as his or her island of competence and then ask, "Are we reinforcing this strength in the school setting?"

If children are to be resilient not only must they perceive that they have strengths but, as importantly, they must believe that their strengths are appreciated and supported by the significant adults in their lives.

To believe that we make a positive difference in the world. When Bob was collecting material for his book *The Self-Esteem Teacher* (1991), he requested approximately 1,500 adults to complete an anonymous questionnaire. The first question asked them to report on a positive memory of school when they were students, something an educator said or did that boosted their self-esteem. Bob had not anticipated the content of the most commonly reported positive memory, namely, being asked to help out in some fashion. The following are a few examples:

"I remember when a teacher asked me to pass out the milk and straws."

"I felt so good when a teacher asked me to tutor a younger child."

"I remember when a teacher told me I was a good artist and asked me to draw some signs as part of an anti-litter campaign."

Brooks and Goldstein (2001, 2004)) proposed that there is an inborn need to help that continues to be a powerful force throughout our lifespan. As Werner (1993) captured in her longitudinal research, resilience was nurtured when children were provided opportunities to help others, an activity that Brooks and Goldstein (2001) have called "contributory activities." Involvement in these activities nurtures a very important belief in a child, one that reinforces a sense of purpose, namely, "What I am doing adds to the well-being and happiness of others."

We have already offered several examples in this chapter about the use of activities that contribute to others. They include Suzanne asking Anna for suggestions of how best to help another student, Jamie working with younger children in a nursery school, or Billy providing insights about taking care of pets. In addition, when conducting psychological evaluations, we will often ask the child to help bring the tests from the shelf or closet to the table. We have found that by doing so, the child feels more empowered and more in control of the evaluation process.

Another technique we use as therapists occurs when children arrive at excellent strategies for solving particular problems. We comment how helpful their idea was and in selected instances we add, "That's such a good idea, I'd love to use it with other kids. I think it will really be helpful to them."

We are frequently asked by parents at our workshops what they can do to develop compassion and responsibility in their children. One response we offer is to ask parents to consider how their children would reply to the following questions:

"What are the ways you have seen your parents help other people in the past few months?"

"What activities have you been involved with together with your parents in the past few months in which you have helped other people?"

Children are more likely to become altruistic and caring if they not only observe their parents in helping roles but if they are enlisted in such roles themselves. As parents involve their children in these roles, they would be well-advised to say as often as possible, "We need your help" rather than "Remember to do your chores." Not surprisingly, most children do not like to do "chores," but are especially willing to engage in the same activities when they are cast in terms of helping others. Parents who encourage their children's participation in charitable endeavors, such as walks for hunger or AIDS or breast cancer research, are supporting a resilient mindset.

In our consultation with parents and teachers we have emphasized that charitable activities can be used to reinforce other components of a resilient mindset such as problem-solving (e.g., what charity to support, how to raise money for the charity), empathy (e.g., taking the perspective of the people you are assisting), and applying one's islands of competence (e.g., Jamie's love for and understanding of young children being expressed in her work in the nursery school).

To recognize that mistakes are not only expected but also accepted. Attribution theory teaches us that resilient children, while not thrilled when making mistakes, view setbacks as opportunities for learning. For example, resilient children who fail a test will ask for help and/or problem solve about more effective ways of studying. In sports, resilient children will take extra batting or fielding practice to improve their batting and defensive skills. These youngsters attribute mistakes to variables they can correct.

The picture is much different for children who are not resilient. They attribute mistakes to factors that they cannot change, whether it be their intelligence or an inborn lack of skills. They believe that regardless of what they do, nothing will ever change. Eventually, not wishing to face additional failure and its accompanying sense of humiliation, they often adopt self-defeating ways of coping. They retreat from challenges, become class clowns or class bullies, or blame others for their problems. A boy in therapy said, "I'd rather hit another kid and be sent to the principal's office than have to be in the classroom where I feel like a dummy."

Therapists are in an excellent position to reinforce a positive attitude towards mistakes and lessen self-defeating behaviors in children and adolescents. They can assess a child's mindset about mistakes by asking directly or through displacement (as Suzanne did with Anna) questions that tap the child's attributions. We can wonder with children the reasons they thought they were not successful at a task, what they might do differently next time (this, of course, also engages a child's problem-solving skills), and who might be available to help.

A favorite technique in our therapy or consultation activities occurs when we have helped to develop a plan of action with our child patients and/or their parents and/or their teachers. Given the particular situation, we might say, "This plan sounds great, but what if it doesn't work?" Some might wonder if posing such a question represents a self-

fulfilling prophesy for failure. It could if we did not immediately add, "What is our back-up plan if it doesn't work?"

The reason for asking these questions was prompted by the reaction of some of our patients or those with whom we were consulting when a plan of action proved unsuccessful. Many became frustrated and angry. It was not unusual for us to hear from teachers or parents, "We went out of our way to change things, but the child is still not willing to change" or one parent lamented, "I guess this works for most parents, but I must really be doing something wrong."

We learned that if people are to have a more positive attitude about mistakes, we must build in the possibility of failure occurring together with the message that if one strategy is unsuccessful, we can learn from that setback when initiating other strategies.

In our consultations with teachers, we have frequently said that there is a "raging elephant" that exists in almost every classroom, an elephant that lessens learning and resilience. We identify the elephant as the fear of failure and humiliation and pose the question of how best to remove this negative force. One technique we have recommended is to directly identify the elephant by teachers asking their class at the beginning of the school year, "Who feels they are going to make a mistake or not understand something in class this year?" Before any of the students can respond, we suggest that teachers raise their own hand as a way of initiating a discussion of how the fear of making mistakes affects learning.

As part of this dialogue we encourage teachers to share some of their own anxieties and experiences about making mistakes when they were students. They might even discuss a time when they were embarrassed or humiliated by something one of their teachers said (students love to hear these accounts). They can turn the discussion into a problem-solving exercise by asking, "What can I do as your teacher and what can you do as a class so that no one will ever feel humiliated in this class and no one will be afraid to make mistakes?"

Teachers have reported very positive results when using this exercise. One teacher informed us, "After I openly discussed the issues of mistakes and humiliation, it was the most discipline-free year I've ever had." She discovered that when children are not afraid about making mistakes, they are less likely to engage in negative behaviors in the classroom.

Parents are in an excellent position to help children from a very early age develop the belief that we can learn from mistakes. If children can incorporate this viewpoint, they will be more resilient and better equipped to face challenges. To assist parents with the goal of helping their children to be less fearful of making mistakes, we ask them to consider what their children's answers would be to the following two questions:

"When your parents make a mistake, when something doesn't go right, what do they do?"

"When you make a mistake, how do your parents respond?"

In terms of the first question, parents serve as significant models for handling mistakes. It is easier for children to learn to deal more effectively with setbacks if they see their parents doing so. Bob asked the first question to Joan and Roger Norwood, parents of Betsy, an 11-year-old girl who was very anxious and typically quit at activities after just a brief attempt. As they reflected on the question, Joan realized that they were not "great models for dealing with mistakes." She said that Roger gets very frustrated when he has trouble doing something, often shouting obscenities and blaming others, while she frequently gives up on things herself.

Roger agreed with his wife's observations, adding, "I was also thinking of your second question. I think that Betsy would say that we get annoyed when she makes a mistake, especially when we feel she has rushed through things or put little effort in to what she was doing. I know that we've said some things to her out of our own anxiety and frustration that were hurtful to her such as 'Why don't you stop and think about what you're doing?' or 'You've got to slow down and use your brains.'"

These two questions about mistakes prompted Joan and Roger to assess their reactions to their own mistakes as well as how they responded to Betsy's setbacks. They became more empathic, reflecting on how their actions impacted on their daughter. In addition, they began to use problem-solving techniques by asking themselves and Betsy, "What can we do differently next time so as not to make the same mistakes?"

These changes in their mindset and approach proved fruitful. Joan reported with much delight that Betsy did something she would not have done just a few months earlier. "She tried out for a play in school and while she didn't get the role she hoped she would get, she did get another role that involves a few speaking lines."

Joan and Roger learned an important lesson, namely, that if we are to reinforce a resilient mindset in youngsters, our words and actions must convey the belief that we can learn from mistakes rather than feel judged or condemned for making them.

Concluding Comments

We believe that one of our most important roles we can assume when working with or raising children is that of a charismatic adult. By identifying the characteristics of a resilient mindset, we can interact with children in therapy in ways that will nurture this mindset so that they can lead more hopeful, responsible lives. As therapists we can also engage their parents, teachers, and other involved professionals to assume this same role so that the children and adolescents in our care have many adults from whom they gather strength. Such youngsters will be prepared to overcome current difficulties and face new challenges with greater courage, skills, and perseverance.

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